



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

Project Number and Title: # 00097555 Ebola Preparedness, Response and Recovery Capacity Support for the Resident Coordinator	PROJECT START DATE¹: 18-12-2015	AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i> \$ 695,527	RECIPIENT ORGANIZATION UNDP
Project ID: 00097555 (Gateway ID)			IMPLEMENTING PARTNER(S): UN Country Team
Project Focal Point: Name: Tony Sisule E-mail: tony.sisule@one.un.org	EXTENSION DATE: 30-11-2017	FINANCIAL COMMITMENTS	
Strategic Objective (STEPP) SO – Multi-faceted preparedness	PROJECTED END DATE: 17-04-2017	EXPENDITURES as of 24 March 2017 \$ 619,275.44	
Mission Critical Action MCA – MCA8 recovery and economy			
Location: Sierra Leone	Sub-National Coverage Areas: National (All Districts)		
Report Submitted by:	Report Cleared by:		
<ul style="list-style-type: none"> ○ Name: Tony Sisule ○ Title: Advisor, Ebola Preparedness ○ Date of Submission: 224 March 2017 ○ Participating Organization (Lead): UNDP ○ Email address: tony.sisule@one.un.org 	<ul style="list-style-type: none"> ○ Name: Sunil Saigal ○ Date of Submission: 31 March 2017 ○ Participating Organization (Lead): Resident Coordinator/UNDP Resident Representative ○ Email address: sunil.saigal@one.un.org 		

OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total)

¹ The date project funds were first transferred.



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

					31/03/2017
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
# of Ebola management coordination meetings held {Inter-Agency Rapid Response Technical Team and Public Health National Emergency Operations Centre (PHNEOC)}	National	12	38	51	425 %
# of knowledge products (Resource mapping, Simulation Report, CPES analysis for UNCT, Ebola Results Group reports)	National	3	3	4	133 %
# of programme and policy consultations provided to UN and national institutions, including Office of National Security of Sierra Leone (presentation to PHNEOC, participation in Ministry of Health and Sanitation public health and all hazards risk assessment and participation in Disaster Risk Reduction policy consultations)	National	5	2	3	60 %
# of capacity assessment and capacity building events organized for national institutions and UN agencies-Inter-Agency and National Simulations	National	2	2	2	100 %
# of Ebola Focal point and support team in place at an appropriate moment in the transition process	National	3	3	3	100 %
EFFECT INDICATORS (if available for the reporting period)					
Not applicable					

PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The project has supported the Resident Coordinator and the UN Country Team (UNCT) to coordinate their support to the Government of Sierra Leone as the country recovers from Ebola.

The main project activities were:



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
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- (a) Participate in the Public Health National Emergency Operations Centre (PHNEOC) meetings on a weekly basis to discuss the Integrated Disease Surveillance and Response (IDSR) reports and preparedness issues with Government and partners.
- (b) Review progress on Ebola Key Result Areas in the President's Recovery Priorities on free healthcare for survivors and socio-economic support for people affected by Ebola through the UNCT Ebola Results Group, NGO partner's survivor coordination forums and advocate for support by UNCT and partners in funding and implementation of the initiatives.
- (c) Regularly review and update the Inter-Agency Rapid Response Plan and personnel rosters for Ebola by coordinating with technical focal persons across all agencies to revise the Functional Responsibilities and Standard Operating Procedures for Leadership, Coordination, Case Management, Epidemiology, Contact Tracing, Laboratory, Logistics, WASH, Child Protection, Education, Psychosocial Care, and Social Mobilisation, among others.
- (d) Organise the simulation of an Ebola response by the Inter-Agency organisations.
- (e) Provide technical support for organizing and running the national Ebola simulation led by the Ministry of Health and Sanitation.
- (f) Support the UNCT to coordinate with the Office of National Security (ONS) to assess and assist people affected by hazards.
- (g) Review the funding and human resource availability for the Ebola response across all districts to identify capacity gaps and advocate for these gaps to be addressed.

Overall, the project played the expected role to enable coordination under the direction of the Resident Coordinator by UN agencies and partners with Government of Sierra Leone to prepare plans, agree procedures, simulate responses and ensure resources as well as personnel were available for a response to a confirmed Ebola case, if such an event occurred. Recovery efforts were supported through the Ebola Results group to ensure support for free healthcare for Ebola survivors and assistance for their livelihoods.



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

Current situation and trends

The Ebola preparedness, response and recovery project operated in the aftermath of the Ebola Virus Disease (EVD) epidemic in Sierra Leone and the region as the country made progress in its recovery from the disease. Ebola had infected 8,706 people in laboratory confirmed cases and killed 3,956 persons and affected many families and children. Ebola also killed many nurses, doctors and other health workers and illustrated weaknesses in the health services. The epidemic severely slowed down the economy of Sierra Leone possibly deepening poverty. Some 4,052 people who were infected by Ebola survived and they have ongoing needs for livelihood support and for treatment for neurological, rheumatological, ophthalmological and other ailments as a result of their previous infection.

The Comprehensive Programme for Ebola Survivors (CPES) was established by the Government of Sierra Leone to provide free healthcare and livelihood support to Ebola survivors and is supported by the UN as well as bilateral and multilateral partners under the leadership of the Ministry of Health and Sanitation and the Ministry of Social Welfare, Gender and Children's Affairs.

Sierra Leone was declared free from Ebola by the World Health Organisation (WHO) on 17 March 2016 after 42 days had passed since the last Ebola patient tested negative. There has been no further flare-ups of Ebola and there are ongoing efforts to monitor any suspected outbreaks of EVD, among other diseases through the Integrated Disease Surveillance and Response (IDSR) in health facilities as well as Community Based Surveillance (CBS) through community health workers and alerts.

Key Achievements

The Inter-Agency Rapid Response Plan and the associated Standard Operating Procedures (SOPs) were updated and endorsed by the UN Country Team to ensure clarity on how the UN and partners would quickly respond and support the government in any case of a confirmed Ebola case. Functional and sub-functional focal persons were appointed and the contact lists for these were regularly updated throughout 2016 to enable them to be reached in case of an Ebola event. The Inter-Agency Rapid Response Technical Team meetings were used to successfully carry on these reviews and updates by coordinating with technical focal persons across all agencies to revise the Functional Responsibilities and Standard Operating Procedures for Leadership; Coordination; Case Management; Epidemiology; Contact Tracing; Laboratory; Logistics; WASH; Child Protection; Education; Psychosocial Care; and Social Mobilisation.

The Inter-Agency Rapid Response Simulation was carried out in September 2016 and involved the UN Resident Coordinator, heads and representatives of Centres for Disease Control (CDC), World Health Organisation (WHO), United Nations Children's Fund (UNICEF), United Nations development Programme (UNDP), World Food Programme (WFP), International Organisation for Migration (IOM), UNAIDS and the International Medical Corps, as well as functional leads and sub-functional focal people. Participants demonstrated how they would play their roles if a real life Ebola case was confirmed. It was observed by a representative from the office of the Chief Medical Officer (CMO) at the Ministry of Health and Sanitation and by the Health Advisor from UK Aid.

The simulation was a table-top exercise to illustrate how the Resident Coordinator and the UN Country Team would lead and coordinate a response to a confirmed Ebola case and to test capability of the organisations to effectively bring their resources to bear and stop transmission of EVD as per the Standard Operating



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

Procedures of the Inter-Agency Rapid Response (IA-RR) plan in support of the Government's plan. The simulation tested the coordination; isolation, diagnostic, treatment and referral capabilities; epidemiological capacity to understand transmission patterns and trace risky contacts; logistical plans to support a response; as well as community support mechanisms to ensure appropriate engagements and assistance with food, water, sanitation, child protection, education and psychosocial services.

The simulation was successful in the view of participants and a report was prepared and shared with the UNCT and partners. Key recommendations included the need to simulate the Government response plan to ascertain how it would be work in coordination with the Inter-Agency Rapid Response plan; clearer plans for community engagement in various scenarios to ensure support for the response; clarity on resource commitments to the Inter-Agency Rapid Response plan by respective organisations; and ways in which the EVD preparedness can be sustained in future.

[These recommendations were partly implemented by reviewing the SOPs and supporting the Government with technical support to design scenarios and plan a simulation of the national Ebola Preparedness Plan, which was done in December 2016 facilitated by the Centres for Disease Control \(CDC\), Public Health England \(PHE\), WHO and Ebola Preparedness Unit.](#)

Participation in the Public Health National Emergency Operations Centre (PHNEOC) weekly meetings enabled timely analysis of the Integrated Disease Surveillance and Response reports to note major disease developments and prepare to respond if necessary as well as identify bottlenecks in IDSR and community reporting, laboratory testing and other preparedness activities. The Ebola Preparedness Unit also used this forum to report to Government and partners on the Inter-Agency Rapid Response plan and coordinate important activities such as Ebola response simulations.

The Public Health National Emergency Operations Centre and 3 District Health management Teams (Western Area, Bo and Moyamba) conducted a national simulation on 13 December 2016 to ascertain capability to coordinate a response to a public health emergency. The simulation was a table-top exercise based on hypothetical scenarios of an outbreak of Yellow Fever, possible cases of Ebola Virus Disease and complicated by public unrest and flooding incidents. The simulation was organized and facilitated by PHNEOC with the support of the Centres for Disease Control, Public Health England (PHE), Ebola Preparedness Unit in the UN Resident Coordinator's Office, Médecins du Monde, World Health Organisation and other partners.

The simulation illustrated that the PHNEOC was capable of activating, leading and coordinating a response for such incidents, bringing on board concerned national counterparts such as the Office of National Security, as well as international partners. The districts showed knowledge of what they would do in such cases. However, it was noted that inter-district consultation and information sharing on an event that affected several districts such as cases moving from one district to another was slow and *ad hoc*. Standard Operating Procedures for the scenarios, were not very clear except for well-established protocols for Ebola and a few other diseases and disasters, illustrating the need for finalizing the national All-Hazard Preparedness Plan and Concept of Operations that are being developed by the government.

The project played a leading role as Chair of the Ebola Results Group in the UN Country Team and was



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

responsible for coordinating and reporting on the support of UN agencies to the Government of Sierra Leone on two Key Result Areas (KRAs) of the Presidential Recovery Priorities, namely:

- Social protection KRA 1: Ensure continuous care for Ebola affected persons and survivors;
- Health KRA 2: Prevent, detect, respond to epidemics and ensure zero cases of Ebola.

UN agencies provided support for timely Integrated Disease Surveillance and Response (IDSR) reporting through health facility surveillance and data collection; points of entry monitoring; and community based surveillance. The agencies also provided support for infection prevention control in health facilities, rehabilitation of health facilities and support for training of Rapid Deployment Teams for response.

The project coordinated with WHO and UNAIDS to make a successful proposal to MPTF for additional funds to the two agencies to support the provision of specialized treatment for neurological, rheumatological, ophthalmological and other ailments and training of health personnel to manage these conditions for Ebola survivors and other affected people.

The project adopted the architecture of the pillars for Functional Areas, Standard Operating Procedures and designated focal persons developed for Ebola preparedness and supported the design of preparedness and response concept of operations as well as actively supporting the response to flooding and fire incidents in Freetown and other districts in Sierra Leone in 2016.

Best Practice and Summary Evaluation

The key best practices adopted revolved around effective participation by all agencies in consultations through the Inter-Agency Rapid Response Technical Team. The Government took the lead with its plans and needs and agencies came on board to support the Government to make preparedness plans, discuss information from the Integrated Disease Surveillance and Response reports, simulate a response to Ebola and other public health emergencies and consider resource needs for preparedness and response.

Lessons learned

Ongoing surveillance for major diseases through the Integrated Disease Surveillance and Response system at health facilities, as well as points of entry monitoring and community based surveillance are extremely important to enable health authorities in Sierra Leone to detect future disease outbreaks and respond on time to stop them developing into epidemics and to save lives. It is therefore an effort that must be sustained.

The support provided to survivors such as free healthcare, specialized treatment and support for training as well as skills training and income generation are important to improve the lives of the Ebola survivors and their families and the UN agencies have played a significant role in this. This calls for close and sustained coordination.

The development of Ebola preparedness and response plans and standard operating procedures for various functional areas by the Government and UN agencies as well as the simulation of the responses played a



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

significant role in identifying gaps in the plans and improving preparedness. This needs to be done regularly and replicated at the district levels to ensure an adequate response in case of a major disease outbreak.

As the project draws to a close in April 2017, the Resident Coordinator and the UN Country Team will need to work out a mechanism for sustaining the coordination of support to the Government and people of Sierra Leone to prevent a major outbreak of Ebola or another disease developing into an epidemic or catastrophe so the country can continue on the path to recovery and development.

Note: Pictures included in summary report attached.